

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented to: Agency(ies) Charge No(s):

☐ FEPA
☒ EEOC

and EEOC

State or local Agency, if any

Name (indicate Mr. Ms. Mrs.)

Anna Maria Croley

Home Phone (Incl. Area Code)
(770) 629-2800Date of Birth
8/3/63

Street Address

7793 The Lakes Drive

City, State and ZIP Code
Fairburn, Georgia 30213

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

United Airlines

No. Employees, Members
40,000+Phone No. (Include Area Code)
(872) 825-4000

Street Address

233 South Wacker Drive

City, State and ZIP Code
Chicago, IL

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest Latest

☒ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☐ NATIONAL ORIGIN☐ RETALIATION ☒ AGE ☐ DISABILITY ☐ OTHER (Specify below.)☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)):

My direct supervisor has fast tracked and targeted me for demotion and/or determination without just cause. All other employees in my unit are at least 11 years younger and all have received training. I have not. I have requested over the past 2 years and not been granted an opportunity to go to this two week training session. My boss has created a hostile work environment by publicly ridiculing me and speaking in a disparaging and personally disrespectful and unprofessional manner. Finally, I have received notice that I will be constructively discharged because I am requested to take a position not reflective of my educational and work experience and background. I am the only employee in my division with a college degree. All of the above treatment is motivated by race, age and gender.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read this charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

Date

Charging Party Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE

RECEIVED

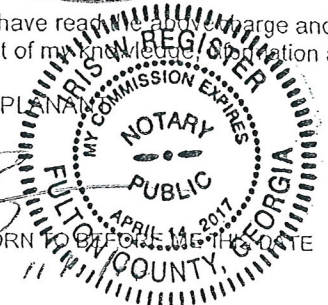
NOV 14 2016

EEOC-ATDO

EXHIBIT

A

tabbies





EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a." Please Print.

1. Personal Information

Last Name: Croley First Name: Anna MI: _____
 Street or Mailing Address: 7793 The Lakes Drive Apt Or Unit #: _____
 City: Fairburn County: Fulton State: GA ZIP: 30213
 Phone Numbers: Home: (770) 629-2800 Work: (678) 763-9346
 Cell: (770) 298-0036 Email Address: gcvelanie@gmail.com
 Date of Birth: _____ Sex: Male ☐ Female ☒ Do You Have a Disability? ☐ Yes ☒ No

- Please answer each of the next three questions.
- i. Are you Hispanic or Latino? ☐ Yes ☒ No
- ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaska Native ☐ Asian ☐ White
☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander
- iii. What is your National Origin (country of origin or ancestry)? USA

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Gilbert Croley Relationship: Husband
 Address: 7793 The Lakes Drive City: Fairburn State: GA Zip Code: 30213
 Home Phone: (770) 629-2800 Other Phone: (770) 298-3220

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: United Airlines
 Address: 233 S. Wacker Drive County: _____
 City: Chicago State: IL Zip: _____ Phone: (872) 825-4000
 Type of Business: Airline Job Location if different from Org. Address: 3400 N. Inner Loop Rd; ATL
 Human Resources Director or Owner Name: Mike Bonds Phone: (872) 825-6565
 Number of Employees in the Organization at All Locations: Please Check (✓) One
☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More than 500

3. Your Employment Data (Complete as many items as you can) Are you a Federal Employee? ☐ Yes ☒ No

Date Hired: 9/25/2000 Job Title At Hire: Airport Service Agent
 Pay Rate When Hired: \$8.35/hr Last or Current Pay Rate: \$61,000 annually
 Job Title at Time of Alleged Discrimination: Regional Performance Supervisor Date Quit/Discharged: n/a
 Name and Title of Immediate Supervisor: Chris Ward

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☒ Race ☒ Sex ☒ Age ☐ Disability ☐ National Origin ☐ Religion ☐ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; choose which type(s) of genetic information is involved:
☐ i. genetic testing ☐ ii. family medical history ☐ iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain). _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A) Date: 6/7/16 Action: PIP

Name and Title of Person(s) Responsible: Chris Ward

B) Date: 9/27/16 Action: Extended PIP

Name and Title of Person(s) Responsible: Chris Ward

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

Held to different standards than other peers.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

Not meeting company standards.

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Vince Yanak	White Male	Regional Performance Sup.
Description of Treatment: Manager defended Vince's inability to make metrics when he didn't make metric.		
B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Aman Mehrok	Male	Manager Cargo
Description of Treatment: Promoted to my manager and his station has same metric failures as Atlanta.		

Of the persons in the same or similar situation as you, who was treated *worse* than you?

A. Full Name N/A	Race, sex, age, national origin, religion or disability	Job Title
---------------------	---	-----------

Description of Treatment

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
--------------	---	-----------

Description of Treatment

Of the persons in the same or similar situation as you, who was treated the *same* as you?

A. Full Name N/A	Race, sex, age, national origin, religion or disability	Job Title
---------------------	---	-----------

Description of Treatment

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
--------------	---	-----------

Description of Treatment

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☐ Yes, I have a disability
- ☐ I do not have a disability now but I did have one
- ☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes ☐ No ☐

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes ☐ No ☐

If "YES", when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for:

How did your employer respond to your request?

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

A. Full Name	Job Title	Address & Phone Number
Aman Mehrok	Manager Cargo	JFK (718) 709-0225

What do you believe this person will tell us?

Not sure.

B. Full Name	Job Title	Address & Phone Number

What do you believe this person will tell us?

14. Have you filed a charge previously in this matter with EEOC or another agency? Yes ☐ No ☒

15. If you have filed a complaint with another agency, provide name of agency and date of filing:

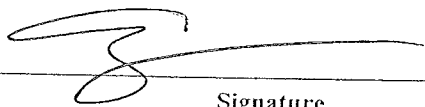
16. Have you sought help about this situation from a union, an attorney, or any other source? Yes ☐ No ☒

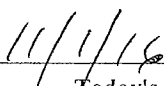
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

Box 1 ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

Box 2 ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.


Signature

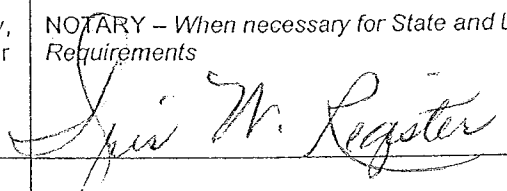

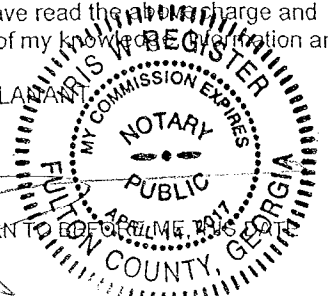

Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
2. AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626, 42 U.S.C. 12117(a), 42 USC §2000ff-6.
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
4. ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

Print Form

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION <small>This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.</small>		Charge Presented to: _____ Agency(ies) Charge No(s): _____ <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
_____ and EEOC			
Name (indicate Mr. Ms. Mrs.) _____ Anna Maria Croley		Home Phone (Incl. Area Code) _____ (770) 629-2800	
Date of Birth _____ 8/3/63			
Street Address _____ 7793 The Lakes Drive		City, State and ZIP Code _____ Fairburn, Georgia 30213	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name _____ United Airlines		No. Employees, Members _____ 40,000+	
Phone No. (Include Area Code) _____ (872) 825-4000			
Street Address _____ 233 South Wacker Drive		City, State and ZIP Code _____ Chicago, IL	
Name _____		No. Employees, Members _____	
Phone No. (Include Area Code) _____			
Street Address _____		City, State and ZIP Code _____	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest _____ Latest _____ <input checked="" type="checkbox"/> CONTINUING ACTION * June 2014 to present	
THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)): <p>My direct supervisor has fast tracked and targeted me for demotion and/or termination without just cause. All other employees in mu unit are at least 11 years younger and all have received training. I have not. I have requested over the past 2 years and not been granted an opportunity to go to this two week training session. I have received disparaging treatment from the younger employees. In addition, my boss has created a hostile work environment. I am the oldest employee in my unit and the only employee in my division with a college degree. All of the above treatment is motivated by race, age and gender.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements 	
I declare under penalty of perjury that the above is true and correct. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 11/15/16 Date </div> <div style="width: 45%; text-align: center;">  Charging Party Signature </div> </div>		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT _____ <div style="text-align: center;">  SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2016. 11/15/16 </div>	

* Amended Complaint - original submitted 11/4/16.



EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a." Please Print.

1. Personal Information

Last Name: Croley First Name: Anna MI: _____
 Street or Mailing Address: 7793 The Lakes Drive Apt Or Unit #: _____
 City: Fairburn County: Fulton State: GA ZIP: 30213
 Phone Numbers: Home: (770) 629-2800 Work: (678) 763-9346
 Cell: (770) 298-0036 Email Address: gcvelanie@gmail.com
 Date of Birth: _____ Sex: Male ☐ Female ☒ Do You Have a Disability? ☐ Yes ☒ No
 Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No
 ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaska Native ☐ Asian ☐ White
☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander
 iii. What is your National Origin (country of origin or ancestry)? USA

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Gilbert Croley Relationship: Husband
 Address: 7793 The Lakes Drive City: Fairburn State: GA Zip Code: 30213
 Home Phone: (770) 629-2800 Other Phone: (770) 298-3220

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: United Airlines
 Address: 233 S. Wacker Drive County: _____
 City: Chicago State: IL Zip: _____ Phone: (872) 825-4000
 Type of Business: Airline Job Location if different from Org. Address: 3400 N. Inner Loop Rd; ATL
 Human Resources Director or Owner Name: Mike Bonds Phone: (872) 825-6565
 Number of Employees in the Organization at All Locations: Please Check (✓) One
☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More than 500

3. Your Employment Data (Complete as many items as you can) Are you a Federal Employee? ☐ Yes ☒ No

Date Hired: 9/25/2000 Job Title At Hire: Airport Service Agent
 Pay Rate When Hired: \$8.35/hr Last or Current Pay Rate: \$61,000 annually
 Job Title at Time of Alleged Discrimination: Regional Performance Supervisor Date Quit/Discharged: n/a
 Name and Title of Immediate Supervisor: Chris Ward

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☒ Race ☒ Sex ☒ Age ☐ Disability ☐ National Origin ☐ Religion ☐ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; choose which type(s) of genetic information is involved:
☐ i. genetic testing ☐ ii. family medical history ☐ iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain). _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.

(Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A) Date: 6/7/16 Action: PIP

Name and Title of Person(s) Responsible: Chris Ward

B) Date: 9/27/16 Action: Extended PIP

Name and Title of Person(s) Responsible: Chris Ward

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

Held to different standards than other peers.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

Not meeting company standards.

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Vince Yanak	White Male	Regional Performance Sup.
Description of Treatment: Manager defended Vince's inability to make metrics when he didn't make metric.		
B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Aman Mehrok	Male	Manager Cargo
Description of Treatment: Promoted to my manager and his station has same metric failures as Atlanta.		

Of the persons in the same or similar situation as you, who was treated *worse* than you?

A. Full Name N/A	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

Of the persons in the same or similar situation as you, who was treated the *same* as you?

A. Full Name N/A	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:
- ☐ Yes, I have a disability
- ☐ I do not have a disability now but I did have one
- ☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes ☐ No ☐

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes ☐ No ☐

If "YES", when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for:

How did your employer respond to your request?

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

A. Full Name Aman Mehrok	Job Title Manager Cargo	Address & Phone Number JFK (718) 709-0225
-----------------------------	----------------------------	--

What do you believe this person will tell us?

Not sure.

B. Full Name	Job Title	Address & Phone Number
--------------	-----------	------------------------

What do you believe this person will tell us?

14. Have you filed a charge previously in this matter with EEOC or another agency? Yes ☐ No ☒

15. If you have filed a complaint with another agency, provide name of agency and date of filing:

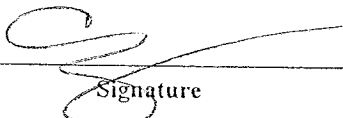
16. Have you sought help about this situation from a union, an attorney, or any other source? Yes ☐ No ☒

Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

Box 1 ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

Box 2 ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.


Signature

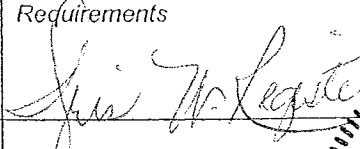
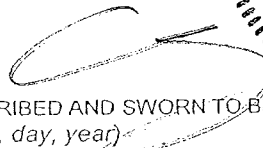
11/15/16
Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
2. AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a), 42 USC §2000ff-6.
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
4. ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

Print Form

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented to: Agency(ies) Charge No(s): _____ FEPA <input checked="" type="checkbox"/> EEOC	
_____ and EEOC _____ State or local Agency, if any			
Name (indicate Mr. Ms. Mrs.) Anna Marie Croley		Home Phone (Incl. Area Code) (770) 629-2800	
Date of Birth 8/3/63			
Street Address 7793 The Lakes Drive		City, State and ZIP Code Fairburn, GA 30213	
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name United Airlines		No. Employees, Members 40,000+	
Phone No. (Include Area Code) (872) 825-4000			
Street Address 233 South Wacker Drive		City, State and ZIP Code Chicago, IL	
Name _____		No. Employees, Members _____	
Phone No. (Include Area Code) _____			
Street Address _____		City, State and ZIP Code _____	
DISCRIMINATION BASED ON (Check appropriate box(es).) <input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input checked="" type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 6/2014 12/16 <input checked="" type="checkbox"/> CONTINUING ACTION **	
THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)): <p>I returned to work on December 5, 2016 from a medical leave of absence. I met with my supervisor, Chris Ward, and was presented a review of the Performance Improvement Program and subsequently, I was terminated that same day.</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements 	
I declare under penalty of perjury that the above is true and correct. 1/23/17 Date		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT  SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

** Amended Complaint - original submitted 11/4/16.



EQUAL EMPLOYMENT OPPORTUNITY COMMISSION INTAKE QUESTIONNAIRE

Please immediately complete the entire form and return it to the U.S. Equal Employment Opportunity Commission ("EEOC"). REMEMBER, a charge of employment discrimination must be filed within the time limits imposed by law, generally within 180 days or in some places 300 days of the alleged discrimination. Upon receipt, this form will be reviewed to determine EEOC coverage. Answer all questions as completely as possible, and attach additional pages if needed to complete your response(s). If you do not know the answer to a question, answer by stating "not known." If a question is not applicable, write "n/a." Please Print.

1. Personal Information

Last Name: Croley First Name: Anna MI: _____
 Street or Mailing Address: 7793 The Lakes Drive Apt Or Unit #: _____
 City: Fairburn County: Fulton State: GA ZIP: 30213
 Phone Numbers: Home: (770) 629-2800 Work: (678) 763-9346
 Cell: (770) 298-0036 Email Address: gcvelanie@gmail.com
 Date of Birth: _____ Sex: Male ☐ Female ☒ Do You Have a Disability? ☐ Yes ☒ No
 Please answer each of the next three questions. i. Are you Hispanic or Latino? ☐ Yes ☒ No
 ii. What is your Race? Please choose all that apply. ☐ American Indian or Alaska Native ☐ Asian ☐ White
☒ Black or African American ☐ Native Hawaiian or Other Pacific Islander
 iii. What is your National Origin (country of origin or ancestry)? USA

Please Provide The Name Of A Person We Can Contact If We Are Unable To Reach You:

Name: Gilbert Croley Relationship: Husband
 Address: 7793 The Lakes Drive City: Fairburn State: GA Zip Code: 30213
 Home Phone: (770) 629-2800 Other Phone: (770) 298-3220

2. I believe that I was discriminated against by the following organization(s): (Check those that apply)

☒ Employer ☐ Union ☐ Employment Agency ☐ Other (Please Specify) _____

Organization Contact Information (If the organization is an employer, provide the address where you actually worked. If you work from home, check here ☐ and provide the address of the office to which you reported.) If more than one employer is involved, attach additional sheets.

Organization Name: United Airlines
 Address: 233 S. Wacker Drive County: _____
 City: Chicago State: IL Zip: _____ Phone: (872) 825-4000
 Type of Business: Airline Job Location if different from Org. Address: 3400 N. Inner Loop Rd; ATL
 Human Resources Director or Owner Name: Mike Bonds Phone: (872) 825-6565
 Number of Employees in the Organization at All Locations: Please Check (✓) One
☐ Fewer Than 15 ☐ 15 - 100 ☐ 101 - 200 ☐ 201 - 500 ☒ More than 500

3. Your Employment Data (Complete as many items as you can) Are you a Federal Employee? ☐ Yes ☒ No

Date Hired: 9/25/2000 Job Title At Hire: Airport Service Agent
 Pay Rate When Hired: \$8.35/hr Last or Current Pay Rate: \$61,000 annually
 Job Title at Time of Alleged Discrimination: Regional Performance Supervisor Date Quitted/Discharged: n/a
 Name and Title of Immediate Supervisor: Chris Ward

If Job Applicant, Date You Applied for Job _____ Job Title Applied For _____

4. What is the reason (basis) for your claim of employment discrimination?

FOR EXAMPLE, if you feel that you were treated worse than someone else because of race, you should check the box next to Race. If you feel you were treated worse for several reasons, such as your sex, religion and national origin, you should check all that apply. If you complained about discrimination, participated in someone else's complaint, or filed a charge of discrimination, and a negative action was threatened or taken, you should check the box next to Retaliation.

☒ Race ☒ Sex ☒ Age ☐ Disability ☐ National Origin ☐ Religion ☐ Retaliation ☐ Pregnancy ☐ Color (typically a difference in skin shade within the same race) ☐ Genetic Information; choose which type(s) of genetic information is involved:
☐ i. genetic testing ☐ ii. family medical history ☐ iii. genetic services (genetic services means counseling, education or testing)

If you checked color, religion or national origin, please specify: _____

If you checked genetic information, how did the employer obtain the genetic information? _____

Other reason (basis) for discrimination (Explain). _____

5. What happened to you that you believe was discriminatory? Include the date(s) of harm, the action(s), and the name(s) and title(s) of the person(s) who you believe discriminated against you. Please attach additional pages if needed.
 (Example: 10/02/06 - Discharged by Mr. John Soto, Production Supervisor)

A) Date: 6/7/16 Action: PIP

Name and Title of Person(s) Responsible: Chris Ward

B) Date: 9/27/16 Action: Extended PIP

Name and Title of Person(s) Responsible: Chris Ward

6. Why do you believe these actions were discriminatory? Please attach additional pages if needed.

Held to different standards than other peers.

7. What reason(s) were given to you for the acts you consider discriminatory? By whom? His or Her Job Title?

Not meeting company standards.

8. Describe who was in the same or similar situation as you and how they were treated. For example, who else applied for the same job you did, who else had the same attendance record, or who else had the same performance? Provide the race, sex, age, national origin, religion, or disability of these individuals, if known, and if it relates to your claim of discrimination. For example, if your complaint alleges race discrimination, provide the race of each person; if it alleges sex discrimination, provide the sex of each person; and so on. Use additional sheets if needed.

Of the persons in the same or similar situation as you, who was treated better than you?

A. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Vince Yanak	White Male	Regional Performance Sup.
Description of Treatment: Manager defended Vince's inability to make metrics when he didn't make metric.		
B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Aman Mehrok	Male	Manager Cargo
Description of Treatment: Promoted to my manager and his station has same metric failures as Atlanta.		

Of the persons in the same or similar situation as you, who was treated *worse* than you?

A. Full Name N/A	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

Of the persons in the same or similar situation as you, who was treated the *same* as you?

A. Full Name N/A	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

B. Full Name	Race, sex, age, national origin, religion or disability	Job Title
Description of Treatment		

Answer questions 9-12 only if you are claiming discrimination based on disability. If not, skip to question 13. Please tell us if you have more than one disability. Please add additional pages if needed.

9. Please check all that apply:

- ☐ Yes, I have a disability
☐ I do not have a disability now but I did have one
☐ No disability but the organization treats me as if I am disabled

10. What is the disability that you believe is the reason for the adverse action taken against you? Does this disability prevent or limit you from doing anything? (e.g., lifting, sleeping, breathing, walking, caring for yourself, working, etc.).

11. Do you use medications, medical equipment or anything else to lessen or eliminate the symptoms of your disability?

Yes ☐ No ☐

If "Yes," what medication, medical equipment or other assistance do you use?

12. Did you ask your employer for any changes or assistance to do your job because of your disability?

Yes ☐ No ☐

If "YES", when did you ask? _____ How did you ask (verbally or in writing)? _____

Who did you ask? (Provide full name and job title of person)

Describe the changes or assistance that you asked for:

How did your employer respond to your request?

13. Are there any witnesses to the alleged discriminatory incidents? If yes, please identify them below and tell us what they will say. (Please attach additional pages if needed to complete your response)

A. Full Name	Job Title	Address & Phone Number
Aman Mehrok	Manager Cargo	JFK (718) 709-0225

What do you believe this person will tell us?

Not sure.

B. Full Name	Job Title	Address & Phone Number

What do you believe this person will tell us?

14. Have you filed a charge previously in this matter with EEOC or another agency? Yes ☐ No ☒

15. If you have filed a complaint with another agency, provide name of agency and date of filing:

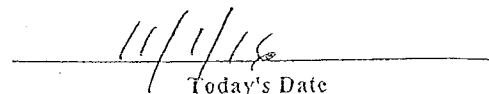
16. Have you sought help about this situation from a union, an attorney, or any other source? Yes ☐ No ☒
Provide name of organization, name of person you spoke with and date of contact. Results, if any?

Please check one of the boxes below to tell us what you would like us to do with the information you are providing on this questionnaire. If you would like to file a charge of job discrimination, you must do so either within 180 days from the day you knew about the discrimination, or within 300 days from the day you knew about the discrimination if the employer is located in a place where a state or local government agency enforces laws similar to the EEOC's laws. If you do not file a charge of discrimination within the time limits, you will lose your rights. If you would like more information before filing a charge or you have concerns about EEOC's notifying the employer, union, or employment agency about your charge, you may wish to check Box 1. If you want to file a charge, you should check Box 2.

Box 1 ☐ I want to talk to an EEOC employee before deciding whether to file a charge. I understand that by checking this box, I have not filed a charge with the EEOC. I also understand that I could lose my rights if I do not file a charge in time.

Box 2 ☒ I want to file a charge of discrimination, and I authorize the EEOC to look into the discrimination I described above. I understand that the EEOC must give the employer, union, or employment agency that I accuse of discrimination information about the charge, including my name. I also understand that the EEOC can only accept charges of job discrimination based on race, color, religion, sex, national origin, disability, age, genetic information, or retaliation for opposing discrimination.


Signature


Today's Date

PRIVACY ACT STATEMENT: This form is covered by the Privacy Act of 1974: Public Law 93-579. Authority for requesting personal data and the uses thereof are:

1. FORM NUMBER/TITLE/DATE. EEOC Intake Questionnaire (9/20/08).
2. AUTHORITY. 42 U.S.C. § 2000e-5(b), 29 U.S.C. § 211, 29 U.S.C. § 626. 42 U.S.C. 12117(a), 42 USC §2000ff-6.
3. PRINCIPAL PURPOSE. The purpose of this questionnaire is to solicit information about claims of employment discrimination, determine whether the EEOC has jurisdiction over those claims, and provide charge filing counseling, as appropriate. Consistent with 29 CFR 1601.12(b) and 29 CFR 1626.8(c), this questionnaire may serve as a charge if it meets the elements of a charge.
4. ROUTINE USES. EEOC may disclose information from this form to other state, local and federal agencies as appropriate or necessary to carry out the Commission's functions, or if EEOC becomes aware of a civil or criminal law violation. EEOC may also disclose information to respondents in litigation, to congressional offices in response to inquiries from parties to the charge, to disciplinary committees investigating complaints against attorneys representing the parties to the charge, or to federal agencies inquiring about hiring or security clearance matters.
5. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION. Providing of this information is voluntary but the failure to do so may hamper the Commission's investigation of a charge. It is not mandatory that this form be used to provide the requested information.

Print Form